

HOUSE

AMENDMENT NO. ____

Offered by

of

AMEND House Committee Substitute for Senate Committee Substitute
for Senate Bill No. 716, Page 1, Section 191.761, Line 15, by
inserting after all of said line the following:

"195.070. 1. A physician, podiatrist, dentist, a
registered optometrist certified to administer pharmaceutical
agents as provided in section 336.220, or an assistant physician
in accordance with section 334.037 or a physician assistant in
accordance with section 334.747 in good faith and in the course
of his or her professional practice only, may prescribe,
administer, and dispense controlled substances or he or she may
cause the same to be administered or dispensed by an individual
as authorized by statute.

2. An advanced practice registered nurse, as defined in
section 335.016, but not a certified registered nurse anesthetist
as defined in subdivision (8) of section 335.016, who holds a
certificate of controlled substance prescriptive authority from
the board of nursing under section 335.019 and who is delegated
the authority to prescribe controlled substances under a
collaborative practice arrangement under section 334.104 may
prescribe any controlled substances listed in Schedules III, IV,
and V of section 195.017. However, no such certified advanced
practice registered nurse shall prescribe controlled substance
for his or her own self or family. Schedule III narcotic
controlled substance prescriptions shall be limited to a one
hundred twenty-hour supply without refill.

3. A veterinarian, in good faith and in the course of the
veterinarian's professional practice only, and not for use by a
human being, may prescribe, administer, and dispense controlled

Action Taken _____ Date _____

1 substances and the veterinarian may cause them to be administered
2 by an assistant or orderly under his or her direction and
3 supervision.

4 4. A practitioner shall not accept any portion of a
5 controlled substance unused by a patient, for any reason, if such
6 practitioner did not originally dispense the drug.

7 5. An individual practitioner shall not prescribe or
8 dispense a controlled substance for such practitioner's personal
9 use except in a medical emergency."; and

10
11 Further amend said bill, Page 2, Section 197.168, Line 9, by
12 inserting after all of said line the following:

13 "334.035. Except as otherwise provided in section 334.036,
14 every applicant for a permanent license as a physician and
15 surgeon shall provide the board with satisfactory evidence of
16 having successfully completed such postgraduate training in
17 hospitals or medical or osteopathic colleges as the board may
18 prescribe by rule.

19 334.036. 1. For purposes of this section, the following
20 terms shall mean:

21 (1) "Assistant physician", any medical school graduate who:

22 (a) Is a resident and citizen of the United States or is a
23 legal resident alien;

24 (b) Has successfully completed Step 1 and Step 2 of the
25 United States Medical Licensing Examination or the equivalent of
26 such steps of any other board-approved medical licensing
27 examination within the two-year period immediately preceding
28 application for licensure as an assistant physician, but in no
29 event more than three years after graduation from a medical
30 college or osteopathic medical college;

31 (c) Has not completed an approved postgraduate residency
32 and has successfully completed Step 2 of the United States
33 Medical Licensing Examination or the equivalent of such step of
34 any other board-approved medical licensing examination within the
35 immediately preceding two-year period unless when such two-year
36 anniversary occurs he or she was serving as a resident physician
37 in an accredited residency in the United States and continued to

1 do so within thirty days prior to application for licensure as an
2 assistant physician; and

3 (d) Has proficiency in the English language;

4 (2) "Assistant physician collaborative practice
5 arrangement", an agreement between a physician and an assistant
6 physician that meets the requirements of this section and section
7 334.037;

8 (3) "Medical school graduate", any person who has graduated
9 from a medical college or osteopathic medical college described
10 in section 334.031.

11 2. (1) An assistant physician collaborative practice
12 arrangement shall limit the assistant physician to providing only
13 primary care services and only in medically underserved rural or
14 urban areas of this state or in any pilot project areas
15 established in which assistant physicians may practice.

16 (2) For a physician-assistant physician team working in a
17 rural health clinic under the federal Rural Health Clinic
18 Services Act, P.L. 95-210, as amended:

19 (a) An assistant physician shall be considered a physician
20 assistant for purposes of regulations of the Centers for Medicare
21 and Medicaid Services (CMS); and

22 (b) No supervision requirements in addition to the minimum
23 federal law shall be required.

24 3. (1) For purposes of this section, the licensure of
25 assistant physicians shall take place within processes
26 established by rules of the state board of registration for the
27 healing arts. The board of healing arts is authorized to
28 establish rules under chapter 536 establishing licensure and
29 renewal procedures, supervision, collaborative practice
30 arrangements, fees, and addressing such other matters as are
31 necessary to protect the public and discipline the profession.
32 An application for licensure may be denied or the licensure of an
33 assistant physician may be suspended or revoked by the board in
34 the same manner and for violation of the standards as set forth
35 by section 334.100, or such other standards of conduct set by the
36 board by rule.

37 (2) Any rule or portion of a rule, as that term is defined

1 in section 536.010, that is created under the authority delegated
2 in this section shall become effective only if it complies with
3 and is subject to all of the provisions of chapter 536 and, if
4 applicable, section 536.028. This section and chapter 536 are
5 nonseverable and if any of the powers vested with the general
6 assembly under chapter 536 to review, to delay the effective
7 date, or to disapprove and annul a rule are subsequently held
8 unconstitutional, then the grant of rulemaking authority and any
9 rule proposed or adopted after August 28, 2014, shall be invalid
10 and void.

11 4. An assistant physician shall clearly identify himself or
12 herself as an assistant physician and shall be permitted to use
13 the terms "doctor", "Dr.", or "doc". No assistant physician
14 shall practice or attempt to practice without an assistant
15 physician collaborative practice arrangement, except as otherwise
16 provided in this section and in an emergency situation.

17 5. The collaborating physician is responsible at all times
18 for the oversight of the activities of and accepts responsibility
19 for primary care services rendered by the assistant physician.

20 6. The provisions of section 334.037 shall apply to all
21 assistant physician collaborative practice arrangements. To be
22 eligible to practice as an assistant physician, a licensed
23 assistant physician shall enter into an assistant physician
24 collaborative practice arrangement within six months of his or
25 her initial licensure and shall not have more than a six-month
26 time period between collaborative practice arrangements during
27 his or her licensure period. Any renewal of licensure under this
28 section shall include verification of actual practice under a
29 collaborative practice arrangement in accordance with this
30 subsection during the immediately preceding licensure period.

31 334.037. 1. A physician may enter into collaborative
32 practice arrangements with assistant physicians. Collaborative
33 practice arrangements shall be in the form of written agreements,
34 jointly agreed-upon protocols, or standing orders for the
35 delivery of health care services. Collaborative practice
36 arrangements, which shall be in writing, may delegate to an
37 assistant physician the authority to administer or dispense drugs

1 and provide treatment as long as the delivery of such health care
2 services is within the scope of practice of the assistant
3 physician and is consistent with that assistant physician's
4 skill, training, and competence and the skill and training of the
5 collaborating physician.

6 2. The written collaborative practice arrangement shall
7 contain at least the following provisions:

8 (1) Complete names, home and business addresses, zip codes,
9 and telephone numbers of the collaborating physician and the
10 assistant physician;

11 (2) A list of all other offices or locations besides those
12 listed in subdivision (1) of this subsection where the
13 collaborating physician authorized the assistant physician to
14 prescribe;

15 (3) A requirement that there shall be posted at every
16 office where the assistant physician is authorized to prescribe,
17 in collaboration with a physician, a prominently displayed
18 disclosure statement informing patients that they may be seen by
19 an assistant physician and have the right to see the
20 collaborating physician;

21 (4) All specialty or board certifications of the
22 collaborating physician and all certifications of the assistant
23 physician;

24 (5) The manner of collaboration between the collaborating
25 physician and the assistant physician, including how the
26 collaborating physician and the assistant physician shall:

27 (a) Engage in collaborative practice consistent with each
28 professional's skill, training, education, and competence;

29 (b) Maintain geographic proximity; except, the
30 collaborative practice arrangement may allow for geographic
31 proximity to be waived for a maximum of twenty-eight days per
32 calendar year for rural health clinics as defined by P.L. 95-210,
33 as long as the collaborative practice arrangement includes
34 alternative plans as required in paragraph (c) of this
35 subdivision. Such exception to geographic proximity shall apply
36 only to independent rural health clinics, provider-based rural
37 health clinics if the provider is a critical access hospital as

1 provided in 42 U.S.C. Section 1395i-4, and provider-based rural
2 health clinics if the main location of the hospital sponsor is
3 greater than fifty miles from the clinic. The collaborating
4 physician shall maintain documentation related to such
5 requirement and present it to the state board of registration for
6 the healing arts when requested; and

7 (c) Provide coverage during absence, incapacity, infirmity,
8 or emergency by the collaborating physician;

9 (6) A description of the assistant physician's controlled
10 substance prescriptive authority in collaboration with the
11 physician, including a list of the controlled substances the
12 physician authorizes the assistant physician to prescribe and
13 documentation that it is consistent with each professional's
14 education, knowledge, skill, and competence;

15 (7) A list of all other written practice agreements of the
16 collaborating physician and the assistant physician;

17 (8) The duration of the written practice agreement between
18 the collaborating physician and the assistant physician;

19 (9) A description of the time and manner of the
20 collaborating physician's review of the assistant physician's
21 delivery of health care services. The description shall include
22 provisions that the assistant physician shall submit a minimum of
23 ten percent of the charts documenting the assistant physician's
24 delivery of health care services to the collaborating physician
25 for review by the collaborating physician, or any other physician
26 designated in the collaborative practice arrangement, every
27 fourteen days; and

28 (10) The collaborating physician, or any other physician
29 designated in the collaborative practice arrangement, shall
30 review every fourteen days a minimum of twenty percent of the
31 charts in which the assistant physician prescribes controlled
32 substances. The charts reviewed under this subdivision may be
33 counted in the number of charts required to be reviewed under
34 subdivision (9) of this subsection.

35 3. The state board of registration for the healing arts
36 under section 334.125 shall promulgate rules regulating the use
37 of collaborative practice arrangements for assistant physicians.

1 Such rules shall specify:

2 (1) Geographic areas to be covered;

3 (2) The methods of treatment that may be covered by
4 collaborative practice arrangements;

5 (3) In conjunction with deans of medical schools and
6 primary care residency program directors in the state, the
7 development and implementation of educational methods and
8 programs undertaken during the collaborative practice service
9 which shall facilitate the advancement of the assistant
10 physician's medical knowledge and capabilities, and which may
11 lead to credit toward a future residency program for programs
12 that deem such documented educational achievements acceptable;
13 and

14 (4) The requirements for review of services provided under
15 collaborative practice arrangements, including delegating
16 authority to prescribe controlled substances.

17
18 Any rules relating to dispensing or distribution of medications
19 or devices by prescription or prescription drug orders under this
20 section shall be subject to the approval of the state board of
21 pharmacy. Any rules relating to dispensing or distribution of
22 controlled substances by prescription or prescription drug orders
23 under this section shall be subject to the approval of the
24 department of health and senior services and the state board of
25 pharmacy. The state board of registration for the healing arts
26 shall promulgate rules applicable to assistant physicians that
27 shall be consistent with guidelines for federally funded clinics.
28 The rulemaking authority granted in this subsection shall not
29 extend to collaborative practice arrangements of hospital
30 employees providing inpatient care within hospitals as defined in
31 chapter 197 or population-based public health services as defined
32 by 20 CSR 2150-5.100 as of April 30, 2008.

33 4. The state board of registration for the healing arts
34 shall not deny, revoke, suspend, or otherwise take disciplinary
35 action against a collaborating physician for health care services
36 delegated to an assistant physician provided the provisions of
37 this section and the rules promulgated thereunder are satisfied.

1 5. Within thirty days of any change and on each renewal,
2 the state board of registration for the healing arts shall
3 require every physician to identify whether the physician is
4 engaged in any collaborative practice arrangement, including
5 collaborative practice arrangements delegating the authority to
6 prescribe controlled substances, and also report to the board the
7 name of each assistant physician with whom the physician has
8 entered into such arrangement. The board may make such
9 information available to the public. The board shall track the
10 reported information and may routinely conduct random reviews of
11 such arrangements to ensure that arrangements are carried out for
12 compliance under this chapter.

13 6. A collaborating physician shall not enter into a
14 collaborative practice arrangement with more than three full-time
15 equivalent assistant physicians. Such limitation shall not apply
16 to collaborative arrangements of hospital employees providing
17 inpatient care service in hospitals as defined in chapter 197 or
18 population-based public health services as defined by 20 CSR
19 2150-5.100 as of April 30, 2008.

20 7. The collaborating physician shall determine and document
21 the completion of at least a one-month period of time during
22 which the assistant physician shall practice with the
23 collaborating physician continuously present before practicing in
24 a setting where the collaborating physician is not continuously
25 present. Such limitation shall not apply to collaborative
26 arrangements of providers of population-based public health
27 services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

28 8. No agreement made under this section shall supersede
29 current hospital licensing regulations governing hospital
30 medication orders under protocols or standing orders for the
31 purpose of delivering inpatient or emergency care within a
32 hospital as defined in section 197.020 if such protocols or
33 standing orders have been approved by the hospital's medical
34 staff and pharmaceutical therapeutics committee.

35 9. No contract or other agreement shall require a physician
36 to act as a collaborating physician for an assistant physician
37 against the physician's will. A physician shall have the right

1 to refuse to act as a collaborating physician, without penalty,
2 for a particular assistant physician. No contract or other
3 agreement shall limit the collaborating physician's ultimate
4 authority over any protocols or standing orders or in the
5 delegation of the physician's authority to any assistant
6 physician, but such requirement shall not authorize a physician
7 in implementing such protocols, standing orders, or delegation to
8 violate applicable standards for safe medical practice
9 established by a hospital's medical staff.

10 10. No contract or other agreement shall require any
11 assistant physician to serve as a collaborating assistant
12 physician for any collaborating physician against the assistant
13 physician's will. An assistant physician shall have the right to
14 refuse to collaborate, without penalty, with a particular
15 physician.

16 11. All collaborating physicians and assistant physicians
17 in collaborative practice arrangements shall wear identification
18 badges while acting within the scope of their collaborative
19 practice arrangement. The identification badges shall
20 prominently display the licensure status of such collaborating
21 physicians and assistant physicians.

22 12. (1) An assistant physician assistant with a
23 certificate of controlled substance prescriptive authority as
24 provided in this section may prescribe any controlled substance
25 listed in schedule III, IV, or V of section 195.017 when
26 delegated the authority to prescribe controlled substances in a
27 collaborative practice arrangement. Such authority shall be
28 filed with the state board of registration for the healing arts.
29 The collaborating physician shall maintain the right to limit a
30 specific scheduled drug or scheduled drug category that the
31 assistant physician is permitted to prescribe. Any limitations
32 shall be listed in the collaborative practice arrangement.
33 Assistant physicians shall not prescribe controlled substances
34 for themselves or members of their families. Schedule III
35 controlled substances shall be limited to a five-day supply
36 without refill. Assistant physicians who are authorized to
37 prescribe controlled substances under this section shall register

1 with the federal Drug Enforcement Administration and the state
2 bureau of narcotics and dangerous drugs, and shall include the
3 Drug Enforcement Administration registration number on
4 prescriptions for controlled substances.

5 (2) The collaborating physician shall be responsible to
6 determine and document the completion of at least one hundred
7 twenty hours in a four-month period by the assistant physician
8 during which the assistant physician shall practice with the
9 collaborating physician on-site prior to prescribing controlled
10 substances when the collaborating physician is not on-site. Such
11 limitation shall not apply to assistant physicians of
12 population-based public health services as defined in 20 CSR
13 2150-5.100 as of April 30, 2009.

14 (3) An assistant physician shall receive a certificate of
15 controlled substance prescriptive authority from the state board
16 of registration for the healing arts upon verification of
17 licensure under section 334.036.

18 Section 1. 1. As used in this section, the following terms
19 shall mean:

20 (1) "Assistant physician", a person licensed to practice
21 under section 334.036 in a collaborative practice arrangement
22 under section 334.037;

23 (2) "Department", the department of health and senior
24 services;

25 (3) "Medically underserved area":

26 (a) An area in this state with a medically underserved
27 population;

28 (b) An area in this state designated by the United States
29 secretary of health and human services as an area with a shortage
30 of personal health services;

31 (c) A population group designated by the United States
32 secretary of health and human services as having a shortage of
33 personal health services;

34 (d) An area designated under state or federal law as a
35 medically underserved community; or

36 (e) An area that the department considers to be medically
37 underserved based on relevant demographic, geographic, and

1 environmental factors;

2 (4) "Primary care", physician services in family practice,
3 general practice, internal medicine, pediatrics, obstetrics, or
4 gynecology;

5 (5) "Start-up money", a payment made by a county or
6 municipality in this state which includes a medically underserved
7 area for reasonable costs incurred for the establishment of a
8 medical clinic, ancillary facilities for diagnosing and treating
9 patients, and payment of physicians, assistant physicians, and
10 any support staff.

11 2. (1) The department shall establish and administer a
12 program under this section to increase the number of medical
13 clinics in medically underserved areas. A county or municipality
14 in this state that includes a medically underserved area may
15 establish a medical clinic in the medically underserved area by
16 contributing start-up money for the medical clinic and having
17 such contribution matched wholly or partly by grant moneys from
18 the medical clinics in medically underserved areas fund
19 established in subsection 3 of this section. The department
20 shall seek all available moneys from any source whatsoever,
21 including, but not limited to, moneys from the Missouri
22 Foundation for Health to assist in funding the program.

23 (2) A participating county or municipality that includes a
24 medically underserved area may provide start-up money for a
25 medical clinic over a two-year period. The department shall not
26 provide more than one hundred thousand dollars to such county or
27 municipality in a fiscal year unless the department makes a
28 specific finding of need in the medically underserved area.

29 (3) The department shall establish priorities so that the
30 counties or municipalities which include the neediest medically
31 underserved areas eligible for assistance under this section are
32 assured the receipt of a grant.

33 3. (1) There is hereby created in the state treasury the
34 "Medical Clinics in Medically Underserved Areas Fund", which
35 shall consist of any state moneys appropriated, gifts, grants,
36 donations, or any other contribution from any source for such
37 purpose. The state treasurer shall be custodian of the fund. In

1 accordance with sections 30.170 and 30.180, the state treasurer
2 may approve disbursements. The fund shall be a dedicated fund
3 and, upon appropriation, money in the fund shall be used solely
4 for the administration of this section.

5 (2) Notwithstanding the provisions of section 33.080 to the
6 contrary, any moneys remaining in the fund at the end of the
7 biennium shall not revert to the credit of the general revenue
8 fund.

9 (3) The state treasurer shall invest moneys in the fund in
10 the same manner as other funds are invested. Any interest and
11 moneys earned on such investments shall be credited to the fund.

12 4. To be eligible to receive a matching grant from the
13 department, a county or municipality that includes a medically
14 underserved area shall:

15 (1) Apply for the matching grant; and

16 (2) Provide evidence satisfactory to the department that it
17 has entered into an agreement or combination of agreements with a
18 collaborating physician or physicians for the collaborating
19 physician or physicians and assistant physician or assistant
20 physicians in accordance with a collaborative practice
21 arrangement under section 334.037 to provide primary care in the
22 medically underserved area for at least two years.

23 5. The department shall promulgate rules necessary for the
24 implementation of this section, including rules addressing:

25 (1) Eligibility criteria for a medically underserved area;

26 (2) A requirement that a medical clinic utilize an
27 assistant physician in a collaborative practice arrangement under
28 section 334.037;

29 (3) Minimum and maximum county or municipality
30 contributions to the start-up money for a medical clinic to be
31 matched with grant moneys from the state;

32 (4) Conditions under which grant moneys shall be repaid by
33 a county or municipality for failure to comply with the
34 requirements for receipt of such grant moneys;

35 (5) Procedures for disbursement of grant moneys by the
36 department;

37 (6) The form and manner in which a county or municipality

1 shall make its contribution to the start-up money; and

2 (7) Requirements for the county or municipality to retain
3 interest in any property, equipment, or durable goods for seven
4 years including, but not limited to, the criteria for a county or
5 municipality to be excused from such retention requirement."; and
6

7 Further amend said title, enacting clause and intersectional
8 references accordingly.